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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						Application Number 10/160 454	Filing Date 9-11-03
						Applicant(s)	
						* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*      *      *
	Indep	Depend	Indep	Depend	Indep	Depend	
1	1						
2	1						
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Total Indep	4						
Total Depend	38						
Total Claims	42						

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